

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MA		8/9/02
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	NAD		8/9/01
FORMALITY REVIEW	ST	1021	09/05/01
RESPONSE FORMALITY REVIEW	MJ	JCR	11/17/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	9
2	11
3	3
4	10
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6	18
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11	02
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14	03
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50	03

Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

781  
14-01